



**Federal Ministry of Health
and Social Welfare, Abuja**



**National Roadmap
for the Rollout and Scale-up of
Multiple Micronutrient
Supplementation
in Nigeria, 2025-2029**

March 2025

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SECTION ONE: PRELIMINARY SECTIONS

FOREWORD

- high-level endorsement and context

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March 2025

ACKNOWLEDGEMENTS

- recognition of contributors and partners

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ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
ANRiN	Accelerating Nutrition Results in Nigeria
BHCPF	Basic Healthcare Provision Fund
CIFF	Children Investment Fund Foundation
CS-SUNN	Civil Society Scaling Up Nutrition in Nigeria
EA	Evidence Action
FGN	Federal Government of Nigeria
FHI 360 A&T	Family Health International 360 Alive and Thrive
FMoHSW	Federal Ministry of Health and Social Welfare
IFA	Iron Folic Acid
IFAS	Iron Folic Acid Supplementation
LGA	Local Government Area
M&E	Monitoring and Evaluation
MIYCN	Maternal, Infant, and Young Child Nutrition
MMS	Multiple Micronutrient Supplementation
MMS-LAN	Multiple Micronutrient Supplementation Landscape Analysis for Nigeria
MMSup	Multiple Micronutrient Supplement
MNP	Micronutrient Powder
NAFDAC	National Agency for Food Drug and Administration and Control
NAHI	Nutrition, Agriculture, and Health Initiative
NCN	National Council on Nutrition
NDHS	Nigeria Demography and Health Survey
NHIA	National Health Insurance Agency
NHLMIS	Nigeria Health Logistics Management Information System
NI	Nutrition International
NMNDCP	National Micronutrients Deficiency and Control Program
NNTF4MMS	Nigeria's National Taskforce for Multiple Micronutrient Supplementation
NNTWG	National Nutrition Technical Working Group
NPHCDA	National Primary Healthcare Development Agency
NSPAN	National Strategic Plan of Action for Nutrition
PHC	Primary Healthcare/Center
R4D	Results for Development
SBCC	Social and Behavior Change Communication
SOGON	Society of Gynaecology and Obstetrics of Nigeria
UNICEF	United Nations Children's Fund
UNIMMAP	United Nations International Multiple Micronutrient Antenatal Preparation
VA	Vitamin Angels
WHO	World health organization

DEFINITIONS

Antenatal Care (ANC)

A continuum of healthcare services that are provided to pregnant women to ensure maternal and foetal well-being, detect and manage complications, and promote healthy behaviours during pregnancy. WHO (2016) defines it as a structured approach that includes medical check-ups, risk identification, preventive care, and health education to improve pregnancy outcomes. Similarly, ACOG (2021) describes ANC as a comprehensive healthcare strategy involving regular monitoring, screening, and interventions to optimize maternal and foetal health.

The Standard of Care in ANC

Refers to evidence-based guidelines and best practices that define the minimum quality of care pregnant women should receive to ensure positive health outcomes. WHO (2016) outlines it as a set of recommendations, including at least eight contacts with skilled providers, to reduce maternal and perinatal mortality. NICE (2021) further emphasizes that ANC standards involve structured visits, risk assessments, nutritional supplementation, screenings, and counseling to safeguard maternal and foetal well-being.

Multiple Micronutrient Supplement (MMSup)

Refers to a combination of essential vitamins and minerals designed to meet the increased nutritional needs during pregnancy, particularly in populations at risk of micronutrient deficiencies. According to WHO (2020), MMSup is "a supplement containing a standardized blend of vitamins and minerals, including iron and folic acid, to support maternal health and foetal development." Similarly, UNICEF (2021) defines it as "a cost-effective intervention aimed at improving maternal nutrition and reducing adverse pregnancy outcomes by providing essential micronutrients in a single supplement."

Multiple Micronutrient Supplementation (MMS) is the practice of providing MMS to pregnant women as part of antenatal care to improve maternal and foetal health outcomes. WHO (2020) describes it as "the systematic provision of multiple micronutrient supplements to pregnant women to enhance nutritional status, prevent deficiencies, and improve birth outcomes." Likewise, UNICEF (2021) defines MMS as "a public health strategy to ensure adequate micronutrient intake during pregnancy, reducing the risk of low birth weight, preterm birth, and maternal anaemia."

Roadmap

A roadmap is a high-level, strategic overview that visually presents a project's key objectives, milestones, and deliverables along a broad timeline. It outlines major phases without detailing task-level execution, serving as a strategic blueprint to align stakeholders on priorities and goals. As Wysocki (2019) describes, it highlights key deliverables, dependencies, and milestones, providing a shared vision for long-term project execution. Similarly, PMI (2021) defines it as a visual summary that enables project teams and stakeholders to understand major objectives, dependencies, and timeframes while maintaining a focus on overarching direction rather than detailed execution.

Implementation Plan, Operational Plan, or Project Plan

A comprehensive document that defines a project's scope, objectives, tasks, resources, timeline, risks, and communication strategies. Unlike a roadmap, which offers a high-level overview, a project plan includes detailed work breakdown structures (WBS), resource allocations, and task dependencies to guide execution. As Kerzner (2022) describes, it is a structured document that outlines the execution strategy, resource allocation, scheduling, and risk mitigation necessary for achieving project objectives. Similarly, PMI (2021) defines it as a detailed approach for managing scope, schedule, costs, risks, quality, and stakeholders to ensure successful project delivery.

Rollout

The structured introduction and phased implementation of a new product, service, policy, or intervention, ensuring alignment with operational conditions while managing risks and optimizing impact. Kotler & Keller (2016) describe it as the staged introduction of an initiative, while WHO (2010) defines it as the systematic process of operationalizing a health intervention to ensure effectiveness and sustainability.

Scale-up

The deliberate expansion of a successfully tested initiative to reach a broader population while maintaining quality and efficiency. WHO (2007) defines it as increasing the impact of proven health interventions to benefit more people and support sustainable policy and program development. Similarly, Hartmann & Linn (2008) describe it as expanding, adapting, and institutionalizing effective policies or programs to maximize reach and impact.

Post-Implementation Review (PIR)

PIR is a structured evaluation conducted after an initiative has been rolled out to assess whether it met its intended objectives, identify lessons learned, and recommend improvements for future phases. PMI (2021) defines PIR as a retrospective evaluation that determines whether a project or initiative has achieved its planned outcomes, identifies challenges, and informs continuous improvement for future implementation. Similarly, Kerzner (2022) describes PIR as a systematic review conducted post-deployment to evaluate success, assess deviations from the original plan, and provide recommendations for optimization.

Scale-Up Readiness Assessment

An evaluative process that determines whether an intervention is prepared for expansion by assessing policy alignment, resource availability, implementation capacity, and stakeholder engagement. WHO (2010) defines it as a structured assessment examining the operational, financial, and institutional capacity required for transitioning from pilot or initial implementation to large-scale, sustainable intervention delivery. Likewise, Hartmann & Linn (2008) describe it as a diagnostic approach that evaluates the scalability of an intervention, identifying enablers and barriers to ensure successful expansion while maintaining quality and effectiveness.

SECTION TWO: INTRODUCTION AND STRATEGIC OVERVIEW

INTRODUCTION

The National Roadmap for the Rollout and Scale-Up of Multiple Micronutrient Supplementation (MMS) aligns with Nigeria’s commitments to global nutrition targets, including the Sustainable Development Goals (SDGs), the World Health Assembly (WHA) Global Nutrition Targets 2025, and the National Multi-Sectoral Plan of Action for Food and Nutrition (NMPFAN) 2021-2025. It serves as a strategic tool for national and sub-national stakeholders, outlining the key actions required to:

- Integrate MMS into antenatal care (ANC) services,
- Strengthen supply chain mechanisms,
- Enhance service delivery, and
- Foster demand creation.

Purpose and Strategic Importance

This roadmap adopts a phased and evidence-based approach, providing actionable strategies to ensure the successful rollout and scale-up of MMS in Nigeria. It is designed to expand the availability, accessibility, and utilization of MMS as a critical intervention to improve maternal and child nutrition outcomes. Specifically, the roadmap aims to:

- Align with national and global nutrition goals by contributing to the reduction of maternal anemia, low birth weight, and other micronutrient deficiencies among pregnant women.
- Guide national and sub-national stakeholders in the systematic implementation, integration, and scale-up of MMS within the maternal health and nutrition landscape.
- Leverage existing health and nutrition programs to enhance the impact and sustainability of MMS interventions through a multisectoral approach.
- Provide a phased implementation strategy with clear roles, responsibilities, timelines, and milestones for stakeholders at all levels.
- Strengthen evidence generation and knowledge sharing to support informed decision-making, adaptive learning, and continuous improvement of MMS programming.

This roadmap provides a strategic overview, ensuring alignment and synergy across all implementation levels. It serves as an effective communication tool by conveying timelines, milestones, and expectations transparently while assisting in the efficient allocation of resources—time, funding, and manpower. Additionally, it promotes accountability and progress tracking, enabling timely course corrections and sustaining the momentum of MMS interventions.

Scope

The National Roadmap provides a high-level, strategic overview. It outlines major phases without detailing task-level execution, serving as a strategic blueprint to align stakeholders on priorities, goals, and timeframes while maintaining a focus on overarching direction rather than detailed execution.

The Vision for this roadmap is that “Every pregnant woman in Nigeria has equitable access to MMS as part of the ANC standard of care for improved pregnancy and birth outcomes”. The coverage objective by the end of the rollout phase is 40%, while the country is expected to attain 70% by the end of the scale-up phase.

Achieving these targets requires engaging Private Health Providers in the national rollout and scale-up of MMS. However, there are clear challenges associated with their incorporation. The roadmap recommends developing stage-setting strategies for engaging with them during the rollout phase and the implementation of integration strategies during the scale-up phase.

To operationalize this strategic vision, the National Roadmap informs the development of three Costed Implementation Plans that provide comprehensive work breakdown structures (WBS), resource allocations, and task dependencies to guide execution:

- I. **The FMOHSW Implementation Plan** focuses on activities outlined in the National Roadmap, related to defining, setting the pace, and unveiling the rollout and scale-up processes. It also targets strategic positioning for MMS scale-up through privately owned health facilities and rolling out through tertiary health facilities owned by the Federal Government of Nigeria (FGN). It includes national coordination, supply chain strengthening, service delivery enhancement, and advocacy efforts. This plan constitutes the costing of the National Roadmap, capturing financial requirements at the national level.
- II. **The NPHCDA Implementation Plan** recognizes that the NPHCDA is responsible for translating the intentions of the FMOHSW into reality at the Primary Health Care level. The plan is centered on ways in which the national-level agency will work with State PHC Agencies/Boards to roll out and scale up MMS through Primary Health Care (PHC) facilities, ensuring community-level coverage. It focuses on integrating MMS into ANC services, building capacity among frontline health workers, driving community engagement, and establishing robust monitoring and evaluation systems.
- III. **The State Government Implementation Plans** are domiciled at State Ministries of Health. They guide MMS rollout through secondary and tertiary health facilities owned by State Governments, including privately owned facilities. These plans promote state-specific strategies, public-private partnerships, capacity development, and stakeholder engagement, ensuring a tailored approach to local contexts.

Together, these plans provide a comprehensive and cohesive approach to MMS rollout in Nigeria, ensuring coordinated integration, resource optimization, and sustainable impact on maternal and child nutrition outcomes.

SECTION THREE: CONTEXT AND JUSTIFICATION

BACKGROUND

Micronutrient deficiencies, often referred to as “hidden hunger,” remain a significant public health challenge in Nigeria, particularly among pregnant women and children. Insufficient intake of essential vitamins and minerals during pregnancy (NFCMS 2021) increases the risk of maternal anemia, low birth weight, preterm births, and other adverse pregnancy outcomes, ultimately contributing to high maternal and infant mortality rates. To address this challenge, the World Health Organization (WHO) recommends Multiple Micronutrient Supplementation (MMS) as an evidence-based intervention to improve maternal nutrition and birth outcomes.

In response to this global guidance and the growing body of evidence supporting the effectiveness of MMS, Nigeria has prioritized the rollout and scale-up of MMS as part of its broader maternal nutrition and reproductive health strategy. The National Roadmap for the Rollout and Scale-Up of Multiple Micronutrient Supplementation in Nigeria provides a structured framework to guide the systematic introduction, expansion, and institutionalization of MMS across the country.

The MMS landscape analysis in Nigeria (MMS-LAN, 2024) has indicated that the use of MMS in Nigeria started way back in 2018 even before its official endorsement by the government. These preceding “informal” efforts provide valuable lessons and insights that will guide the systematic expansion of MMS across the country. The roadmap will build on these initial activities, ensuring a coordinated and evidence-based approach to achieving national and global maternal nutrition targets. Pregnant women are the target population for MMS.

Below is a summary of the key MMS-focused activities that have preceded the roadmap development:

1. National Guidelines on Prevention and Control of Micronutrient Deficiencies (MNDC) guided the prevention and control of multiple micronutrient deficiencies through food-based approaches, food fortification, and micronutrient supplementation. It suffices to mention that the MNDC guidelines recommend the use of MMS to replace IFAS. However, the MNDC guideline is due to be reviewed and updated. This update is necessary to provide clarifications on the policy position on MMS and IFAS.
2. The consideration for adding MMSup to the Essential Medicines List, Basic Healthcare Provision Fund (BHCPF), and National Health Insurance Agency (NHIA) presents opportunities for ensuring adequate supply of the MMSup.
3. Inauguration of an MMS taskforce to consolidate efforts targeted at MMS rollout. The task force enhances the effectiveness and efficiency of the MMS rollout across Nigeria. In addition, the task force provides specialized expertise, coordination, resource mobilization, monitoring and evaluation, capacity building, advocacy, and communication support to the MMS rollout process. The national task force serves as a crucial mechanism to augment the capacity of the Nutrition Department of the FMoHSW while fostering stakeholder engagement and support strategies.
4. Multiple Micronutrient Supplementation Landscape Analysis, 2024 (MMS-LAN, 2024): The MMS-LAN was conducted in 18 states of the country. The MMS-LAN provided an evidence-

based foundation for the development and implementation of a National Roadmap for MMS rollout and scale-up in Nigeria. It provided a good understanding of the landscape, identifying key gatekeepers, and evaluating the feasibility of implementation. This provided a guide for strategic decision-making and investment in MMS.

5. Accelerating Nutrition Results in Nigeria (ANRiN) project: The ANRiN project has delivered approximately 1.2 million doses of MMSup to pregnant women. The project deployed Community-Based Distribution of MMSup through PHC facilities, fixed points, and house-to-house campaigns (with support from Non-State Actors, NSAs) in 11 ANRiN states.
6. MMS Research: Nutrition International (NI) has supported the conduct of MMS Implementation research in Bauchi State. MMS Operational Research by Evidence Action (EA) at FCT and Oyo State. Landscape Analysis on Readiness to Implement MMS as Part of ANC Services for Pregnant Women in Nigeria conducted by Vitamin Angels (VA) in Adamawa and Edo States focusing on context and readiness for MMS implementation as part of ANC services in Nigeria. Implementation Science Towards a National Micronutrient Powder (NMP) and MMS Scale-Up Strategy in Nigeria was implemented by the Nutrition, Agriculture and Health Initiative (NAHI) in Adamawa and Ondo States.
7. The Federal Government of Nigeria (FGN), in collaboration with UNICEF, deployed a phased approach for 32% coverage delivering over 3.9 million bottles (180 tablets/bottle) of MMSup to pregnant women across Nigeria.
8. Other MMS Activities: There were pockets of MMS distribution during the MNCH week in some states. Findings revealed that implementation of MMS commenced in some states before the development and dissemination of these documents. In addition, MMSup distribution has commenced without the development of the National Rollout Plan.
9. Furthermore, MMS-LAN showed that while some states have transited from IFAS to MMS (including Osun and Ondo), others are implementing both IFAS and MMS. On the other hand, some states are using IFAS because MMS is not available.

COUNTRY CONTEXT

The high burden of maternal malnutrition and its impact on maternal and child health outcomes justified the need for the rollout and scale-up of MMS in Nigeria. This presents a transformative opportunity for addressing micronutrient deficiencies among pregnant women. The National Roadmap will ensure a structured approach to integrating MMS into Nigeria's health system, maximizing its impact through strategic policies, strengthened delivery platforms, and multi-sectoral collaboration.

Nutrition Landscape of Nigeria and the Critical Role of MMS

Nigeria faces a significant burden of malnutrition (undernutrition, overnutrition, and micronutrient deficiencies), particularly among pregnant women and children under five. Micronutrient deficiencies, often termed "hidden hunger," remain a critical public health challenge, affecting maternal health, birth outcomes, and child survival. Poor maternal nutrition contributes to low birth weight, stillbirths, preterm births, and increased neonatal mortality. Multiple Micronutrient Supplementation (MMS) offers a scientifically validated, cost-effective intervention to address these deficiencies, improving maternal and child health outcomes. This roadmap provides a structured plan to integrate and scale up MMS in Nigeria's health system, ensuring broad coverage and sustainability.

Malnutrition Burden and Key Drivers

Nigeria has one of the highest global burdens of maternal and child malnutrition. According to the Nigeria Demographic and Health Survey (NPC and ICF, 2023):

- 40% of children under five are stunted (chronically malnourished), 8% suffer from wasting, and 27% underweight
- The NDHS 2018 (NPC and ICF, 2019) revealed that 68% of children aged 6-59 months and 58% of women aged 15-49 years are anaemic, increasing risks of maternal mortality and poor foetal development.
- Neonatal mortality increased from 38 (in 2018) to 41 (in 2023) *Deaths per 1,000 live births for the 5 years before the survey (NPC and ICF, 2019 and 2023).*
- Inadequate dietary intake of micronutrients (NFCMS, 2021), compromising immunity, cognitive development, and pregnancy outcomes. For example, pregnant women have inadequate dietary intake of folate (100%), calcium (92%), and iron (82%),

Key drivers of malnutrition in Nigeria

Drivers of malnutrition in Nigeria are multifaceted and include food insecurity, poor infant and young child feeding practices, which contribute to high rates of illness and poor nutrition among children; poor access to healthcare, water, and sanitation; armed conflict; irregular rainfall; high unemployment, poverty, poor dietary diversity, inadequate maternal care, infections, and socio-cultural practices limiting nutrient intake during pregnancy, among others.

National Health and Nutrition Policies

Nigeria has established multiple policy frameworks aligned with global nutrition targets, including:

- The National Policy on Food and Nutrition, which prioritizes maternal nutrition interventions.
- Guidelines for Micronutrient Deficiency Control (MNDC), stressing the use of dietary approaches, food fortification, biofortification, and supplementation in addressing micronutrient deficiencies.
- The National Maternal, Infant and Young Child Nutrition (MIYCN) Strategy, supporting evidence-based interventions like MMS.
- Nigeria's Commitment to the 2030 Sustainable Development Goals (SDGs), the World Health Assembly Nutrition Targets, and the Scaling Up Nutrition (SUN) Movement.

Health System Capacity and Delivery Platforms

- Nigeria has established primary healthcare centers (PHCs), with ANC services in each political ward.
- However, gaps in supply chains, workforce training, and service delivery have hindered previous maternal nutrition interventions.
- Integration of MMS into antenatal care (ANC) services aligns with global recommendations from the World Health Organization (WHO, 2020).
- Scaling MMS through ANC, community health programs, and private sector partnerships will leverage existing platforms for efficient rollout and scale-up MMS.

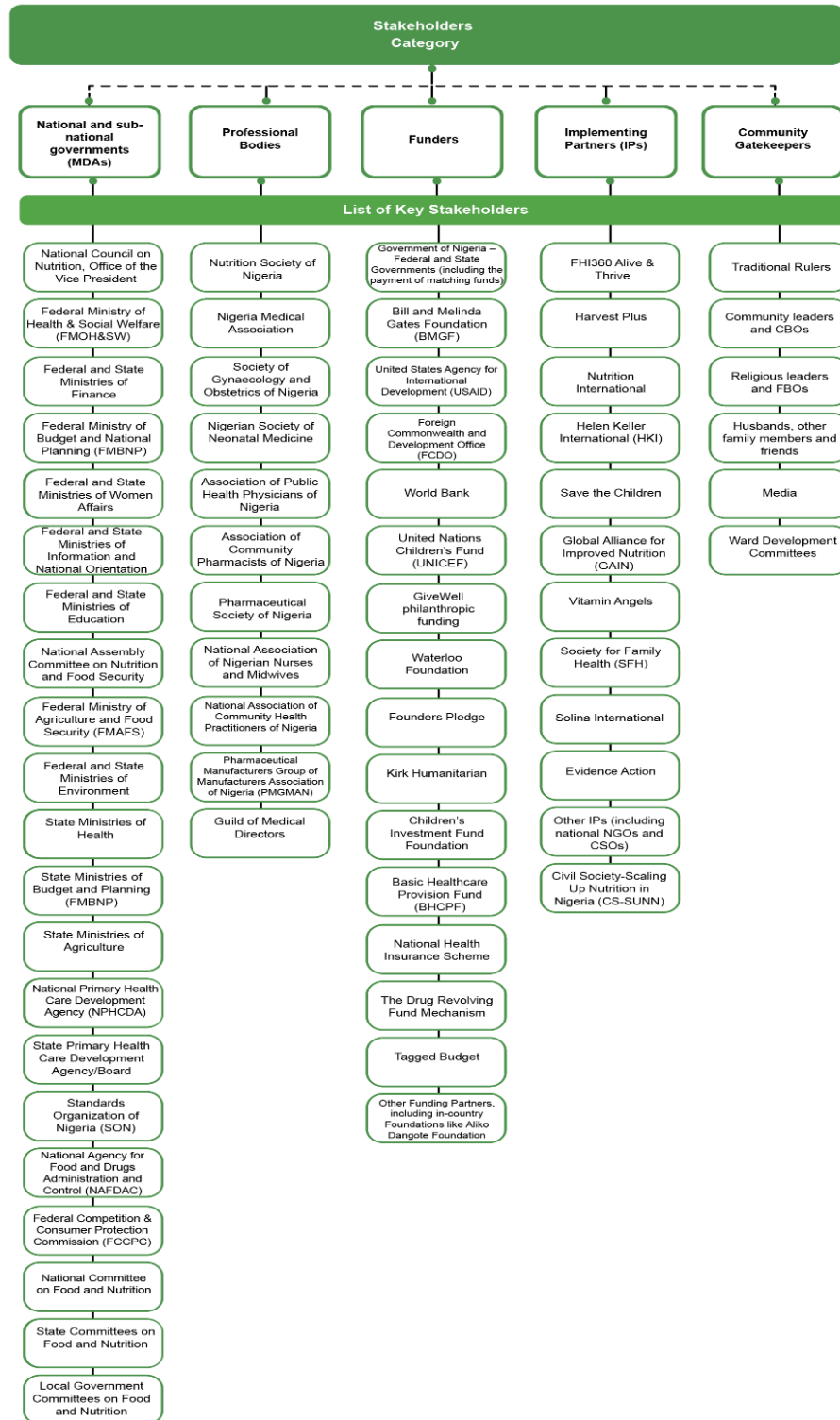
Lessons Learned from Iron Folic Acid (IFA) Supplementation

- IFA supplementation has been a longstanding intervention but faces low adherence due to side effects (e.g., nausea, constipation), stockouts, and poor counseling.
- IFA supplementation has been delivered through the ANC at no cost to the pregnant women
- IFAS implementation lessons provide a learning opportunity for MMS rollout and scale-up.

Stakeholder Landscape

The success of MMS rollout and scale-up depends on multisectoral collaboration. Key stakeholders include (MMS-LAN, 2024):

- Federal and State Ministries of Health, Budget and Economic Planning, Agriculture, and Women Affairs for policy and funding.
- Development partners like UNICEF, WHO, USAID, Vitamin Angels, Nutrition International, Evidence Action, Results for Development, and Global Alliance for Improved Nutrition (GAIN), etc, for technical and financial support.
- Professional bodies like the Nutrition Society of Nigeria (NSN), Society for Obstetrics and Gynaecologists of Nigeria (SOGON), Nigerian Medical Association (NMA), Association of Nigerian Nurses and Midwives, etc, for advocacy and training.
- Private sector actors for local production, supply chain management, and last-mile distribution.



Socioeconomic and Cultural Context

- Socioeconomic disparities affect access to maternal healthcare, with rural areas experiencing lower ANC attendance and higher micronutrient deficiencies.
- Cultural beliefs influence dietary restrictions during pregnancy, contributing to inadequate nutrient intake.
- Gender norms and decision-making power in households affect supplement adherence and overall maternal nutrition practices.

Need and Rationale for MMS in Nigeria

- The introduction of MMS aligns with global best practices, offering broader micronutrient benefits to pregnant women and their developing babies.
- Cost-benefit analyses show that MMS is a highly cost-effective intervention, reducing healthcare costs associated with maternal and infant complications.
- Integrating MMS into Nigeria's health system will strengthen maternal nutrition services, improve birth outcomes, and contribute to national health and development goals.

Challenges and Opportunities for MMS Scale-Up

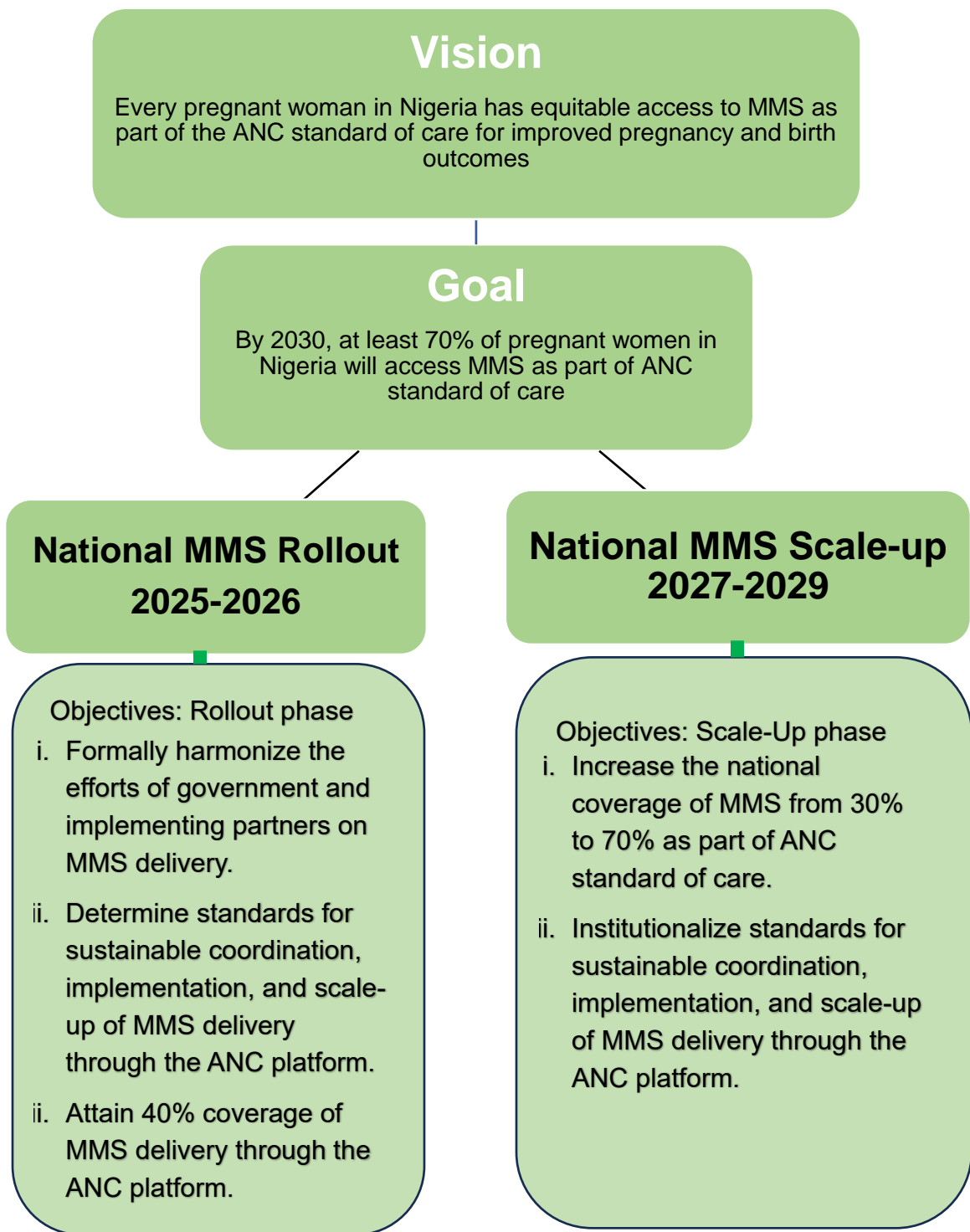
Challenges:

- Supply chain and procurement bottlenecks, particularly in rural health facilities.
- Limited funding and competing nutrition priorities in government budgets.
- Low awareness and adherence issues among pregnant women due to misinformation.
- Healthcare worker capacity constraints in providing nutrition counseling for MMS use.

Opportunities:

- Leveraging existing ANC platforms to integrate MMS into routine maternal health services.
- Engagement with the private sector to support local MMS production and distribution.
- Increased global support and national commitment to maternal nutrition interventions.
- Digital health solutions for tracking supplementation adherence and improving service delivery.

SECTION FOUR: GUIDING PRINCIPLES & STRATEGIC FRAMEWORK



GUIDING PRINCIPLES

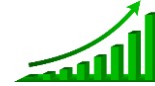
- 1. Commitment to Sustainable Investment for Health Improvement:** This roadmap emphasizes the necessity of consolidated and sustainable investment in the health sector, aligning with the Nigerian Government Health Sector Renewal Investment Initiative (2023-2026). By employing the Sector-Wide Approach (SWAp), the National Roadmap for the Rollout and Scale-up of Multiple Micronutrient Supplementation in Nigeria, 2025-2029 will facilitate enhanced coordination and governance, strengthen national and sub-national leadership, promote domestic resource mobilization, and integrate MMS into existing health and nutrition programs. These actions will drive structural improvements, optimize resource allocation, and ultimately lead to better health outcomes and progress toward Universal Health Coverage.
- 2. Institutionalization and Systems Strengthening:** This principle emphasizes the transition from ad-hoc, informal practices to structured, standardized, and systematized approaches. It involves integrating MMS delivery into existing national health systems, policies, and frameworks to ensure consistency, quality, and sustainability. By formalizing implementation strategies, governance structures, and accountability mechanisms, this principle supports the scalability and long-term sustainability of MMS interventions.
- 3. Inclusivity and Equitable Access:** The roadmap prioritizes diversity, inclusivity, and equitable access to MMS for all pregnant women, regardless of geographic location, socioeconomic status, or cultural background. It ensures that the needs of various population groups—including those in underserved, marginalized, and vulnerable communities—are effectively addressed in both development and humanitarian contexts. By promoting social equity and reducing disparities, this principle strengthens community resilience and ultimately contributes to better maternal and child health outcomes.
- 4. Evidence-Based Decision-Making:** This roadmap is grounded in data-driven strategies, leveraging robust evidence from national and global research to guide planning, implementation, and evaluation. Decisions will be informed by real-time data from monitoring and evaluation systems, ensuring responsive and adaptive programming.
- 5. Partnership and Multi-Sectoral Collaboration:** The roadmap emphasizes strategic partnerships with government agencies, development partners, private sector actors, civil society organizations, and community leaders. It promotes collaborative governance structures and leverages each stakeholder's strengths to enhance resource mobilization, implementation, and sustainability.
- 6. Sustainability and Local Ownership:** The roadmap is designed for long-term impact by fostering local ownership, building institutional capacity, and integrating MMS into national health systems. This includes promoting local manufacturing, resource mobilization, and capacity strengthening at all levels to ensure continuity beyond donor funding.
- 7. Innovation and Adaptive Learning:** Recognizing the dynamic nature of public health challenges, this roadmap promotes continuous innovation and adaptive learning. It will leverage new technologies, social and behavioural change strategies, and feedback loops to optimize delivery, increase coverage, and enhance program impact.

VISION of the National MMS Roadmap:

Every pregnant woman in Nigeria has equitable access to MMS as part of ANC standard of care for improved pregnancy and birth outcomes



The Rollout Phase



The Scale-up Phase

1. Conduct Implementation Research
2. Develop Costed Customized Roadmap + Three Implementation Plans
3. Governance, Coordination, Stakeholder Alignment, and Process Harmonization
4. Prioritization, Customization & Targeting
5. Integrating MMS into Health Systems
6. Forecasting, Quantification, Procurement, and Distribution
7. Human Resource Capacity Building for MMS
8. Change Management, Demand Creation, Community Engagement, and BCC
9. Official National Launch of the MMS Rollout
10. Rollout-Roadmap Monitoring & Evaluation
11. Knowledge Management + Post-Implementation Review (PIR)

- 1 Scale-up Readiness Assessment
- 2 Stakeholder Validation of Assessment Findings
- 3 Align the Scale-up Roadmap with the findings
- 4 Quantification
- 5 MMS Scale-up National Meeting
- 6 Review / Standardize / Align Training Materials
- 7 Communication / Advocacy / Demand Creation
- 8 Strengthen Institutional Ownership and Mobilize Resources
- 9 Scale up HR Training
- 10 MMS Procurement and Distribution
- 11 Scale up-Roadmap Monitoring & Evaluation
- 12 Comprehensive Evaluation and Documentation of the Scale-up phase in January 2030

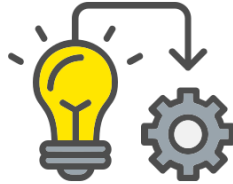
GOAL of the National MMS Roadmap:

By 2030, at least 70% of pregnant women in Nigeria will access MMS as part of the ANC standard of care

Nigeria's MMS Rollout phase consists of ten (11) components. Each of the components and their milestones are outlined below:

Component

1



Implementation Research & Landscape Analysis

1.1	Develop and test human-centered strategies to guide the country in designing and implementing effective MMS rollout and scale-up programs, focusing on optimizing uptake and adherence among pregnant women.	
1.2	Stakeholder Engagement and Partnership Building at national and sub-national levels	
1.3	Designing the Implementation Strategy and Study Methodology	
1.4	Implementation, Data Analysis and Interpretation	
1.5	Dissemination and Linkage to the Roadmap Development Process	

Component

2



Development of a Costed Customised National Roadmap for the Rollout and Scale-up of Multiple Micronutrient Supplementation in Nigeria, 2025-2029, including the development of three Implementation Plans

2.1	Multiple Micronutrients Supplementation (MMS) in Nigeria Stakeholders Inception Meeting - To identify organizations supporting Nigeria’s MMS initiative and outline government perspectives on collaboration, harmonization, and coordination for successful implementation.	
2.2	National Consultative Meeting on Multiple Micronutrient Supplementation (MMS) - To guide the process for the formal rollout of MMS in Nigeria, based on the recommendation of the brief inception meeting on the introduction of MMS in Nigeria.	
2.3	Multiple Micronutrient Supplementation Landscape Analysis for Nigeria (MMS-LAN)	
2.4	Co-creating the Roadmap by a combined interdisciplinary team comprising representatives from the FMOHSW, development partners, and Technical Assistants.	
2.5	Validation of the Draft Roadmap by the National Task Force for Multiple Micronutrient Supplementation (NTF4MMS)	
2.6	Development of three Costed Implementation Plans, based on the validated roadmap 1) FMOHSW Implementation plan, focused on Roadmap Activities, and MMS rollout through private, and tertiary health facilities owned by the FGN (NB – This constitutes the costing of the National Roadmap) 2) NPHCDA Implementation Plan, focused on MMS rollout through Primary Health Care (PHC) facilities 3) State Government Implementation Plans focused on MMS rollout through secondary and tertiary health facilities owned by the state government, including privately owned facilities	
2.7	Printing of the roadmap	
2.8	Dissemination of the roadmap	



Governance, Coordination, Stakeholder Alignment, and Process Harmonization and Local Resource Mobilization

3.1	Strengthen the linkage between the NTF4MMS and the National Nutrition Technical Working Group (NNTWG), NCFN, and SCFN to ensure continuity and sustainability beyond the lifespan of the NTF4MMS	
3.2	Conduct a desk review to ascertain quantities of MMS received and distributed across Nigeria, including current stock balances	
3.3	Update the mapping of frontline stakeholders within the Nigeria MMS landscape, specifying roles, geographic coverage, location, type of intervention/research, windows of opportunities for rollout and scale-up, etc.	
3.4	<p>Define and clarify the roles and responsibilities of Ministries, Departments, and Agencies (MDAs), especially the health sector MDAs, at national and sub-national levels, to ensure their effective contribution to the successful national rollout and scale-up of MMS in Nigeria.</p> <p>Resolve the role ambiguity that has hindered the collaborative functionality of Nutrition Officers within State Ministries of Health and Primary Health Care Boards.</p>	
3.5	Conduct a Strategic Engagement Meeting with high-level decision-makers and resource allocators to explore available financing mechanisms, and further unlock financing especially, by mobilizing domestic resources and diversifying funding sources to reduce dependence on donor funding.	

Component

4



Prioritization & Targeting

4.1	<p>The Nutrition Department of the FMOHSW, in collaboration with the NTF4MMS, will aim at reaching every pregnant woman with MMS. However, the rollout phase will be guided by the following criteria:</p> <ol style="list-style-type: none"> 1. Burden: Priority will be given to high-burden states and LGAs with poor maternal nutrition outcomes, particularly where evidence shows a high prevalence of anaemia and low birth weight (LBW) babies. 2. Geographic Coverage: Leveraging the National Primary Healthcare Development Agency's standard of targeting 2 health facilities per ward, the rollout will focus on 17,600 health facilities across 8,802 wards, representing 50% of the total wards in Nigeria. 3. Commitment by State Government: A letter from the Hon. Coordinating Minister for Health and Social Welfare will be sent to all State Governors, seeking their commitment to the rollout, scale-up, and sustainability of MMS delivery within a stipulated timeline. This commitment will include outlining the available resources and structures to ensure effective and sustainable implementation. 	
4.2	<p>Facilitate the achievement of 40% coverage of pregnant women by 2025 and 60% by 2026, aligning with global targets and reflecting public health significance.</p>	

Component

5



Integrating MMS into Health Systems

5.1	<p>Secure the commitment of all gatekeepers to integrate MMS into the standard of care for Antenatal Care (ANC) services nationwide, ensuring that pregnant women receive MMS as part of routine maternal health interventions.</p>	
	<p>Introduce MMS into the budgeting framework at national and subnational levels</p>	
5.2	<p>Incorporate MMS into the National Health Logistics Management Information System (NHLMIS) to enhance supply chain visibility, tracking, and efficient distribution of MMS across all health facilities.</p>	
5.3	<p>Foster the inclusion of the MMS coverage data in the National Nutrition Dashboard which is linked to DHIS2</p>	
5.4	<p>Capacity strengthening of stakeholders to leverage strategic engagements with Federal, State, and LGA authorities to unlock funding opportunities from Drug Revolving Funds (DRF), Basic Healthcare Provision Funds (BHCPF), National Health Insurance Agency (NHIA), Child Nutrition Fund (CNF), and other domestic resources for nutrition, with a focus on sustainable MMS delivery funding mechanisms.</p>	

Component

6



Forecasting, Quantification, Procurement, and Distribution (FQPD) including the facilitation of local manufacturing

6.1	Review of existing quantification tools to include MMS	
6.2	Review costing mechanisms to incorporate logistics to deliver MMS to the last mile (health facilities)	
6.3	Invest in the improvement of existing infrastructure for the storage of MMS and other nutrition commodities	
6.4	Strengthen capacity for FQPD, including quality-assurance of MMS at national and sub-national levels	
6.5	Develop mechanisms for UNICEF and other key partners involved in the FQPD of MMS to provide targeted (hand-holding) support to federal and sub-national entities, fostering sustainability and ownership of initiatives.	
6.6	The FGN will provide a list of accredited and approved manufacturers compliant with UNIMMAP MMS formulation	
6.7	The FGN will facilitate local manufacturing of MMS as a strategic initiative to enhance sustainable procurement and distribution systems, reducing dependency on imports, and contributing to cost reduction, job creation, and supply chain sustainability.	

Component

7



Human Resource Capacity Building for MMS

7.1	Strengthen leadership, coordination, and oversight capacity of Nutrition Departments at the FMOHSW and NPHCDA. Extend the initiatives to sub-national levels	
7.2	Develop a comprehensive national training manual on MMS for frontline health workers, including job aids, treatment guides, treatment protocols	
7.3	The FMHSW in collaboration with the NPHCDA will coordinate a tiered training approach, starting with National Training of Trainers, followed by State-Level Training of Trainers, and culminating in cascade training for healthcare providers at PHC, secondary, tertiary, and private health facilities.	
7.4	Strengthen capacity at national, state, and LGA levels, on quantification, forecasting, procurement, stock count, and distribution for nutrition officers and assistants, as well as logistics and procurement officers	
7.5	Integrate MMS delivery into pre-service training curricula by engaging regulatory agencies and professional bodies, including the National Universities Commission (NUC), Community Health Practitioners Registration Board of Nigeria (CHPRBN), Medical and Dental Council of Nigeria (MDCN), and the Nursing and Midwifery Council of Nigeria. Additionally, advocate for the inclusion of MMS in Mandatory Continuous Education (MCE) programs	

Component

8



Change Management, Demand Creation, Community Engagement, and Behaviour Change Communication

8.1	Facilitate the incorporation of change (and stakeholder resistance) management strategies as a distinct precursor to introducing MMS as an additional product to IFA. Major targets include Health Providers, Pregnant women and their husbands	
8.2	Development of BCC materials informed by the findings of the MMS Landscape Analysis	
8.3	Mobilization of gatekeepers, including regulatory agencies, professional bodies, religious and traditional leaders, women's groups	
8.4	Targeted Awareness Creation, including the production of leaflets addressing Frequently Asked Questions (FAQs) and Misinformation Management across health facilities and public spaces	
8.5	Deployment of Robust Demand Creation Initiatives	

Component

9



Official National Launch of the MMS Rollout

9.1	Pre-launch Stakeholder Engagement and Advocacy meetings with key government officials, development partners, donor agencies, and influential stakeholders, including traditional and religious leaders, and mobilization of champions and influencers to create awareness and build public support	
9.2	Supply Side Readiness , ensuring availability of MMS at all target health facilities	
9.3	Launch Preparations: <ul style="list-style-type: none"> - Finalization of the launch agenda, including speeches, presentations, and media coverage. - Invitation and confirmation of attendance from key stakeholders, partners, and dignitaries. - Logistics and event management planning to ensure a successful launch event. 	
9.4	Launch D-Day	
9.5	Post-launch Momentum Leveraging (PML) through sustained advocacy, strategic communication, and public awareness campaigns by the Nutrition Department in partnership with key influencers, utilizing MMS roll-out and dissemination platforms such as the National Nutrition Summit, Maternal New-born Child Health Week flag-off, NNTWG meetings, National Council on Nutrition/State Committee on Food and Nutrition meetings, Nigeria Governors Forum, and Nigeria Governors' Wives Forum.	

Component

10



Rollout-Roadmap Monitoring & Evaluation

10.1	Develop and implement a comprehensive Monitoring and Evaluation (M&E) framework for MMS rollout at national and subnational levels to track coverage, access, and outcome indicators, ensuring effective implementation and impact assessment.	
10.2	Collaborate with the National Population Commission to include MMS data in the National Demographic Health Survey (NDHS) and other national/state-level surveys such as the Multiple Indicator Cluster Survey (MICS), National Food Consumption and Micronutrient Survey, and National Nutrition Survey (NNS) for informed decision-making and policy formulation.	
10.3	Monitor key indicators including MMS coverage among pregnant women, MMS accessibility, outcomes such as Low Birth Weight (LBW), the number of states procuring MMS under BHCPF, and the number of Primary Healthcare Centres delivering MMS as part of the ANC standard of care.	
10.4	Conduct landscape analysis and adherence studies to evaluate the rollout phase comprehensively, ensuring evidence-based adjustments and documentation of best practices for sustainability and scale-up.	

Component

11



Knowledge Management including post-implementation review

11.1	Leverage the National Knowledge Management and Learning Strategy for Health Sector Nutrition in Nigeria to systematically collect and document the MMS rollout process, ensuring informed decision-making and effective knowledge sharing at both national and subnational levels.	
11.2	Capture and document the experiences and lessons learned by healthcare providers and beneficiaries during MMS service delivery to enhance programmatic learning and inform future MMS programming.	
11.3	Facilitate the inclusion of MMS-related personal experiences, data, and knowledge materials into the existing National Nutrition Dashboard for comprehensive monitoring, evaluation, and knowledge dissemination.	
11.4	Conduct a Post-Implementation Review to systematically document the MMS rollout process, capture experiences and lessons learned, and inform decision-making to enhance programmatic learning and guide the scale-up and future phases of MMS programming.	

TRANSITIONING FROM ROLLOUT TO SCALE-UP






The Rollout Phase of the MMS initiative is meant to help the country transition from the hitherto informal to a formal approach of establishing a robust foundation for integrating MMS into Nigeria's health system by formalizing strategic interventions, building capacity, strengthening supply chains, and engaging stakeholders at all levels. It should provide critical insights, lessons learned, and best practices, demonstrating the feasibility and impact of MMS delivery in priority regions.


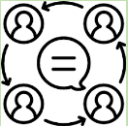





Building on the rollout foundation, the Scale-Up Phase would broaden coverage across Nigeria, enhance delivery mechanisms, and institutionalize the MMS initiative for long-term sustainability. It will strategically leverage achievements and experiences from the Rollout Phase to inform evidence-based adjustments and adaptive programming.

By strategically linking the achievements and lessons learned from the Rollout Phase to the objectives and components of the Scale-Up Phase, this roadmap ensures a cohesive and sustainable expansion of MMS delivery across Nigeria, ultimately enhancing maternal and child health outcomes.

NIGERIA'S COUNTRY MODEL FOR MMS SCALE-UP

The Scale-Up Phase builds on the achievements, insights, and lessons learned from the MMS Rollout Phase, aiming to broaden coverage across Nigeria, enhance delivery mechanisms, strengthen supporting infrastructure, and institutionalize the MMS initiative for system resilience and long-term sustainability.

Component	Description
<p>1</p>  <p>Scale-up Readiness Assessment (SRA)</p>	<p>Conduct a deep-dive evaluation of the Rollout Phase to assess coverage, outcomes, and successes, forming the foundation for Scale-Up planning. It will evaluate the health system's capacity, policy alignment, stakeholder support, resource availability, and operational logistics, ensuring readiness for nationwide expansion. Potential risks and resource gaps will also be examined.</p>
<p>2</p>  <p>Stakeholder Validation of Assessment Findings</p>	<p>Hold a Stakeholder Engagement meeting to validate the SRA's findings. This meeting will review documented challenges and successes, and the validated SRA report will guide Scale-Up planning and strategic decision-making.</p>
<p>3</p>  <p>Review and broadening of the Scale-Up Roadmap</p>	<p>Review, broaden, and align the Scale-Up Roadmap with findings from the validated SRA Report. A review team will assess the alignment of targets and scope with baseline evidence. The updated roadmap will guide the Scale-Up Implementation Plan.</p>
<p>4</p>  <p>Quantification</p>	<p>Conduct state-level quantification of MMS availability using existing structures to inform supply planning and procurement, leveraging systems established during the rollout phase. Oversight will be provided by the Federal Government to ensure adequate supply at Federal Medical Centres and Teaching Hospitals.</p>
<p>5</p>  <p>MMS Scale-up National Meeting</p>	<p>Engage stakeholders to build consensus on the reviewed Scale-Up Roadmap, harmonizing the next steps at high-level nutrition group meetings like the National Council on Food and Nutrition and the National Nutrition Technical Working Group (NNTWG).</p>

Component		Description
6		<p>Review / Standardize / Align Training Materials</p> <p>Review and standardize training guidelines and supporting documents based on findings from the Rollout Phase. This includes updating materials to reflect technological advances and new delivery modes, which will support systematic Scale-Up.</p>
7		<p>Communication, Advocacy & Demand Creation</p> <p>Develop policy and advocacy briefs with context-specific messages to attract investment in MMS Scale-Up. The government and partners will organize policy dialogues to support resource mobilization and sustainability.</p>
8		<p>Strengthen Institutional Ownership and Mobilize Resources</p> <p>Strengthen institutional ownership by supporting states to develop MMS Implementation Plans synchronized with their Annual Operational Plans (AOPs), including procurement, financing, and supervision.</p> <p>MMS will also be integrated into additional Mandatory and Continuous Education (MCE) programs.</p>
9		<p>Scaling Up Health Workforce Capacity</p> <p>Increase the number of trained personnel to meet the expanded demand of the Scale-Up Phase. Retrain existing health workers and train new ones to ensure effective service delivery. Include peer, and e-learning modules, across all health sector levels.</p>
10		<p>MMS Procurement and Distribution</p> <p>Institutionalize and strengthen MMS procurement and distribution systems, building on structures from the Rollout Phase. This will include routine documentation, micro-plans for commodity management, infrastructure upgrades, and capacity assessments. Local MMS manufacturers will be supported.</p>
11		<p>Scale up-Roadmap Monitoring & Evaluation</p> <p>Establish a comprehensive Monitoring and Evaluation (M&E) framework to track the MMS Scale-Up Phase. This will include a Results Framework, Data Collection and Analysis, Quarterly and Annual Reviews, Mid-Term Evaluation, and Knowledge Sharing and Learning.</p>
12		<p>Endline Assessment of Scale-Up Phase</p> <p>Conduct a comprehensive end-line evaluation in 2030 to assess progress, outputs, outcomes, and the impact of MMS integration in Nigeria. This will provide evidence for policy formulation and inform future interventions.</p>